1: Childs M-5 (1924-1940) 1949 FP13 Mbundu FP13

of the lower zones between the plateau and the coast is the baobab (*Adansonia digitata*). Where these lower zones are well watered, especially along the streams, dense tropical forests are the rule.

The Highland proper until quite recent times was well covered with a good variety of trees. This gave a pleasing aspect not lost upon travellers. Commander Cameron, who crossed from Zanzibar to Benguela in 1875, was greatly impressed by the rustic beauty of the country-side:

> As we went forward the scenery increased in beauty, and at last I was constrained to halt and surrender myself to the enjoyment of the view which lay before me.
>
> I will content myself with asserting that nothing could be more lovely than this entrancing scene, this glimpse of Paradise. To describe it would be impossible. Neither poet, . . . nor painter . . . could by pen or pencil do full justice to the country of Bailundu.
>
> In the foreground were glades in the woodland, varied with knolls crowned by groves of large, English-looking trees, sheltering villages with yellow thatched roofs; . . . plantations with the fresh green of young crops and the bright red of newly hoed ground in vivid contrast, and running streams flashing in the sunlight; while in the far distance were mountains of endless and pleasing variety of form, gradually fading away until they blended with the blue of the sky. . . .
>
> That evening we camped in a wood, a clear space having literally to be cut out of the masses of sweet-scented creepers which festooned the trees.[1]

Some of this natural beauty still remains in Bailundu and other parts of the country, but much of it has gone, as grasslands have taken the place of forest and woodland. Native agriculture and the annual fires have caused much deforestation and much has also come about from the demands of European settlement and the needs of the railway, which up to the present time uses only wood for fuel. The question as to whether the rainfall has yet been much affected is often discussed.

The Benguela Highland is within the tropics and therefore subject to many tropical diseases. Malaria is prevalent owing to the presence of the *Anopheles* mosquito, one of the two essential hosts in the life-cycle of the malaria germ, man being the other. Infant mortality owing to malaria seems to be high among the Ovimbundu. It seems probable, however, that many of the

[1] V. L. Cameron, *Across Africa* (New York: Harpers, 1877), p. 410 f.

1: Childs M-5 (1924-1940) 1949 FP 13 Mbundu FP 13

survivors acquire at least a limited immunity. Many observers have noted the comparative rarity among African natives of that chronic complication of malaria known as black-water fever, although it frequently attacks Europeans. Another disease, which has been found largely among Africans, and was at one time considered as a possible malarial complication, is now classified by most observers as a variety of scurvy. This disease is known to medical science by the Umbundu name of *onyalāi*.[1] Among other common diseases are yaws, tick fever, tropical ulcers, common sores, infections, intestinal parasites, and pneumonia. Others, such as bilharzia and leprosy, are less common but well known. The comparatively recent introduction and spread of pulmonary tuberculosis and the venereal diseases give cause for alarm.[2] Neither sleeping-sickness nor the cattle nagana are found. There are a number of cattle diseases, such as scab, carbuncle, quarter evil, pleuro-pneumonia, and gall-sickness.

Termites are a tropical pest present in large numbers. Their depredations require the periodical replacement of woodwork, unless made of the very few species of hard wood which they seem unable to attack. In common with all of South Africa, locusts are always to be found and they increase greatly at irregular intervals.

The *fauna* of the country under consideration includes nearly all of the commoner south and central African species. Some of the rarer and more localized species are not present, but on the other hand this is the home of certain rare species, as, for example, the giant sable.[3] The elephant, the rhinoceros, and other large species are no longer to be found in the Highland proper, but only in adjoining comparatively unpopulated regions to the west, south, and south-east. All game is comparatively scarce, which is not surprising considering that the Ovimbundu have possessed firearms for about 250 years, and considering also the extent of European settlement during the past fifty years.

[1] First reported by Dr. F. C. Wellman, a missionary physician who worked among the Ovimbundu.

[2] No figures on the incidence of any disease with reference to the population of the colony are available. Nor are population movements known, for previous to the first general census, which was taken in 1940, such figures on population as there were, were hardly more than guess-work. Results of this first census were published in 10 volumes, 1941–3. (Colónia de Angola, Repartição de Estatística Geral: *Censo Geral da População*. Luanda: Imprensa Nacional.)

[3] *Hippotragus niger varianii*.

1: Childs M-5 (1924-1940) 1949 FP 13 Mbundu FP 13

the occupations of warfare and of trade to the more settled agricultural life. And it is the possession and cultivation of land which provides a minimum basis for those who are also able to engage in any sort of trade, either commercial or one of the handicrafts.

Health. A sanitary history, or the course of health among the Ovimbundu throughout their national existence, would be of interest if it could be made known. Legend tells of a time in the distant past when sickness was rare and death came hardly ever, if at all. It is said that hasty burials were not permitted because there had been cases of the supposed corpse returning to life. Some have taken this to mean that the tribe came from a more healthful region than the one which it now occupies, but it seems rather to be a traditional recognition of the fact that many of the diseases and bodily ills which at present afflict the Ovimbundu are of comparatively recent date. The time of arrival of some of these unwelcome guests can be estimated. Some are the subject of traditional tales as, for example, the jigger[1] (*pulex penetrans*), which a Ngalangi tradition says came to them from Bailundu, and Bailundu tradition says was first recognized in the time of Ekongo-liohombo (*c.* 1875) or Ekuikui II (*c.* 1876–93). Now the jigger is well known in Africa as an importation from South America, and the time of its first appearance could probably be determined. This parasite is widely present in tropical Africa, but there are some regions which it has not (yet) reached.[2] Its coming to Angola is probably, therefore, of recent date. Silva Porto, writing in 1879, said, 'This evil is of recent date on the coast . . . (*pulex penetrans*).'[3] The first notice of this pest which reached the pages of the *Boletim Official* of Angola was in 1875. If this date really represents the time when the jigger first appeared in Angola, it seems strange that it should have been so late, in view of the slave-ships ferrying back and forth from Brazil for the previous three hundred years.

Small-pox[4] might also be thought of as a recent arrival for, according to a note in the *Boletim Official*, it first appeared in Novo Redondo in June 1864, having been brought from Luanda by ships' crews.[5] Its first appearance on the Plateau, however,

[1] *Ewundu* or *ocindiundiu* is the Umbundu name, from *oku wunda*, to hide (the hidden one).

[2] e.g. Amboland, according to Umbundu testimony.

[3] *Boletim Soc. Geog. Lisboa*, 5*a* Ser., p. 10.

[4] *Ocingongo* is the Umbundu name.

[5] *Boletim Official da Provincia de Angola*, 1865, no. 5.

1: Childs M-5 (1924-1940) 1949 FP13 Mbundu FP1.

164 177 was prior to this, for it was mentioned by Magyar.[1] Among the imported diseases are grippe, pneumonia, tuberculosis, and other complaints of the lungs and bronchia; the venereal diseases (especially syphilis); several so-called 'children's diseases' such as measles, scarlet fever, mumps, &c.[2] Typhoid fever is only beginning to appear, although it has long been known at the coast, at Malange (to the north), &c.[3] Diseases of other regions, as tropical ulcers, sleeping sickness, &c., are found only in patients coming from regions affected with those ills.

146 177 In comparison with the diet of other non-cattle-keeping tribes of West and Central Africa, the diet of the Ovimbundu is fairly satisfactory. Certain it is that the articles imported by the Portuguese from America and elsewhere have done much to enrich the diet of this people. Only the mention of maize,[4] their staple and mainstay, makes this evident. Their early and close contact with the Portuguese gave them the advantage of many plants[5] brought by those rural-minded conquistadores,[6] which found their way inland only much later. (Mrs.) Alice K. Strangway has made an interesting study of Umbundu diet and has come to the conclusion that its principal deficiencies are fats and calcium. The Ovimbundu need to learn to make better use of the resources which are already theirs or at their command, as, for example, peanuts and soy-beans. Other improvements such as a more general use of milk and other animal foods can only come with education and an improved economic situation.

164 Magyar's account (1849–57) of the Ovimbundu gives the impression of a people in better health, suffering from fewer ills, and

[1] L. Magyar, op. cit., p. 290.

[2] There are Umbundu names for all the foregoing, with several names or euphemisms for some, except for the lung and bronchial complaints which are spoken of simply as *vomulo* (in the chest), and scarlet fever which is called *osalambu* (from the Portuguese *sarampo*).

[3] In 1936 there was an epidemic of typhoid at Bela Vista among Europeans and natives. Infection was traced to Catumbela (at the coast).

[4] Maize has a true Umbundu name, *epungu*, as is the case with most of the early importations which the Ovimbundu adopted, save tomatoes (*amatia*).

[5] There is a good discussion of the American plants introduced into Africa in Ficalho, *Plantas úteis da Africa Portugueza*, pp. 32 ff. In *Benguella e seu sertão*, 1617–22, p. 17, the anonymous writer states that 'all kinds of vegetables of our Portugal do very well . . . such as: large corn (i.e. *mayz*), beans of various kinds, pumpkins . . . and melons'.

[6] Cá da Mosto tells of trying to grow wheat in Senegal (João de Barros, quoted by Ficalho, op. cit., p. 29 f.).

1: Childs M-5 (1924-1940) 1949 FP 13 Mbundu FP 13

generally more resistant than those whom we know to-day. Some of the imported diseases have probably been with the Ovimbundu since they first encountered Europeans, others are more recent, but all seem to be more deadly to Africans than to Europeans. This is especially true of the lung complaints, against which the Ovimbundu have little resistance, and the manner of their life makes tuberculosis very difficult to check.

Diseases native to the region also constitute a great problem, notably malaria in its several forms, leprosy, bilharzia, yaws, goitre, nutritional diseases, &c. The medical staffs of the government services and of the missions are well aware of the magnitude of the problem. The resources at their command, however, are terribly inadequate. It is urgently necessary that resources be found and made available.

Religious Development. Before bringing this historical survey to a close it is necessary to take note of certain developments with regard to religion. It was noted in passing that representatives of the ruling families had, on occasion, returned to the lands of their exodus to worship their ancestors at the ancient shrines. From this it is evident that the ancestors of the ruling families became the gods of the kingdoms over which they ruled. The commoners kept their own ancestral deities, family by family. Special cults of various sorts have grown up. From the texts of a hundred to a hundred and fifty years ago it is evident that many of the religious practices of the Ovimbundu were then similar to those which are observed at the present time. Some practices described in those texts, on the other hand, seem to have ceased or to have been altered beyond recognition. The very presence of the Europeans must have affected the rites and their observance, for their attitudes, whether of approval or of disapproval, registered over so long a period, must have produced some effect.[1] Degrees of intensity of this European contact, varying from region to region, must have had their influence in the development of regional differences. Some such differences have been noted.[2]

[1] Battell records that the 'Jagas' would not let him witness certain rites. Pinheiro de Lacerda, writing in 1797, says that he burned more than one hundred *oratorios* called *chacapombo* (*Annaes Mar. e. Col.*, 1845, p. 491).

[2] W. H. Sanders put down to their closer contact with Europeans the fact that the king's councillors of Viye were not 'a very dignified set. . . . They seemed to have none of that decorum which prevails among the head men of Bailundu' (*Missionary Herald*, 1886, p. 143).

3: Hambly E-5 (1929-1930) 1934 FP13 Mbundu FP13

growth is under examination. This central plateau, the Benguela Highlands, rises in places to a height of 6,000 feet, an altitude which reduces the heat of the tropics and so modifies the flora, discouraging some types of vegetation and encouraging others. Hostility of the highlands to palm trees and the banana is appropriately discussed when dealing with cultural losses; while the fostering effect of reduced temperature and the presence of wide expanses of open country on the growth of maize and the keeping of cattle is a cultural gain.

The prevailing rains of Angola are from the northeast to the southwest; consequently the high plateau intercepts rain clouds which give an annual fall of sixty inches. This adequate rainfall is another factor which has affected economic life, density of population, communal welfare, and powers of expansion.

The villages of the Ovimbundu are built on hillsides having a commanding view of the surrounding country. There is in the nature of the land a natural protection from enemies. In addition to this the Benguela Highlands are an admirable base from which expeditions both predatory and commercial might, and actually did set out eastward to the interior of Africa, and southwest to the cattle-keeping country.

It is important to note that this central plateau is the watershed for four large river systems; the Kwanza to the northwest; the Cunene to the southwest; the tributaries of the Kasai to the northeast; and the Zambezi and its affluents to the southeast. Fishing, with attendant beliefs of a ritualistic kind, is of local importance; so also is the making of canoes. Moreover, the river valleys have marked out a natural means of communication in several directions.

In connection with the river system the biological factor of the tsetse fly is important, because the presence of the fly locally discourages human habitation and prevents the keeping of cattle. The exact distribution of the fly is imperfectly known, but *Glossinia palpalis*, the cause of sleeping sickness in human beings, also *Glossinia morsitans*, which carries disease to cattle, are both present along the Kwanza and parts of the other rivers (J. C. B. Statham, Through Angola, p. 294).

The western coastal strip is a region of great aridity which has in some years no rainfall whatever, because the northeasterly rains have expended themselves on the high plateau. This region displays vegetation of the semi-desert type; namely, baobab trees, prickly acacias, euphorbias, and aloes. Population in this area is sparse, always nomadic, and in some places non-existent. The coastal strip

756 men and women each of whom receives the name *ocimbanda*, and specialization in some particular form of magical practice is the [554] rule. Some practitioners are more highly esteemed than others. For example, an *ocimbanda* who has the reputation for curing dizziness, madness, and *onyalai* (p. 281) is one of great repute; so also is the man who can cure a case of blood in the urine (*biliosa*). [164] This is the Portuguese term commonly applied to blackwater fever.

DIVINATION

787 An examination of objects collected gives the best indication of the equipment of the *ocimbanda*, and among these no item is more important than the small divination basket containing a heterogeneous collection of objects.

A diviner receives the distinguishing title of *ocimbanda congomba*, and a description of his methods explains his belief in the activities of spirits. He shakes the basket while his assistant plays a small friction drum; then he inspects the objects lying at the top.

A figure with beads on its neck indicates that trouble is due to the ghost of a dead baby whose spirit wishes to come back.

A piece of gourd with a round orifice means that some one has been talking too much. The orifice represents a human mouth.

Two figures, male and female, whispering together, indicate that a husband and wife are making a plan to poison somebody.

The figure of a female with a large abdomen indicates that the spirit of a deceased pregnant woman is causing sickness in the village.

The horn with shells on it indicates that the woman who is consulting the diviner will not bear children.

There is a little figure with a black tuft on its head, whose [177] arrival at the top of the basket indicates that misfortune among the natives is caused by Europeans. When talking to this figure the medicine-man tries to speak like a white man by adopting a falsetto voice and mimicking the intonation of Europeans.

The figure with a little crest on its head is an indication of sickness or other trouble arising from a spirit which likes to drink blood. When this figure comes to the top of the basket, the medicine-man induces the blood-drinking spirit to enter a man, because the evil must first be localized before it can be exorcised. This possessed person dances with a small ax or a hair switch in his hand. When dancing has induced a frenzy, the dancer kills a pig and drinks the fresh blood. The blood-drinking spirit is in this way exorcised from the community.

3: Hambly E-5 (1929-1930) 1934 FP13 Mbundu FP13

755 man, and fastened to the wall, was a strip of bark cloth painted with white circles. These recorded the number of times the patient came for treatment.

278 757 At Ngalangi there was no difficulty in obtaining information respecting plants used medicinally. Each of three medicine-men returned with a number of roots and stems which they readily described. *Okakamba* and *okapelangalo* are roots that cure "big head." This disease, which is rare in white people, begins with blood blisters in the mouth; these may spread to the intestines and cause death. *Okayenje* is a root that induces vomiting; it is also a purgative to free a patient from worms. *Olutikitiki* is given to a woman soon after her baby is born. *Kalungdumona* is a plant having a purple flower. If the root is pounded and drunk in water it acts as an aperient. *Okumbiasoko*, when pounded and placed on the fire, restores a person after fainting; the head of the patient is held in the smoke. To a violent maniac the root *usonge* is given, pounded in water and mixed with maize beer. At Ngalangi a man who had been subject to homicidal mania was sitting on the ground quietly with his hands tied behind his back. I was informed that *usonge* was making him better. *Ocinyeni* is a bark that is chewed to remedy stomachache. *Kosamba* is a plant used to cure people who fall into the fire; it is also a remedy for toothache. The action of this drug *kosamba* causes vomiting and evacuation.

Cilendaluka is pounded in water and smeared on the patient's body as a treatment following the internal application of *kosamba*. *Mbundakataka* is a root that is pounded and applied externally to cure sores on the lips.

278 In addition to the plants just mentioned the following are important:

Ocimbinga. This plant, whose name means "the big horn," is probably *Strophanthus*. It is used in the treatment of worms and chest colds.

Ocipumbulu. This is a trailing herb whose leaves when pulverized are said to be a cure for bad sores.

Ocindiambala and *oluasasa*. These are used to give to women who are suffering in difficult delivery. *Ongolo* sometimes takes the place of these drugs. The bark of *ongolo* is pounded in boiling water which is contained in a basin over which the woman sits. Use of the bark in this way is a protection against injuries resulting from childbirth.

Omondolua. This is good for headaches and whooping cough. The roots are boiled and mixed with sweet beer.

Okalolulo-lohala. This is said to be used in cases of dysentery. At Elende it is used for curing skin diseases.

Okeile. This is used in cases of snake bite, swellings, and stings.

164 In connection with the foregoing study of the native pharmacopoeia it will be of interest to consider some maladies to which the Ovim-

3: Hambly E-5 (1929-1930) 1934 FP13 Mbundu FP13

bundu are subject. Information relating to these points was given 164
by Dr. Hollenbeck of the Mission Station at Elende.

Of intestinal worms there are many kinds. Hookworm is of somewhat common occurrence. Ascaris, an intestinal worm several inches long, is extremely common. Infection may arise from the soil, also from the use of dirty cooking utensils. The disease trichinosis, which arises from the activities of the parasite trichina, is rare. Tapeworm is frequent because much of the pork and beef is infected. Oxyuris, a small round worm about half an inch long, is common. Bilharzia is fairly prevalent.

Malaria is so usual that almost every one suffers at some period. Every baby has malaria within the first two years of its life. Malaria is not followed by blackwater fever, but possibly by *onyalai*, which is known at Elende. The symptoms are the appearance of blood-blisters on the tongue. These spread to the throat and intestines, possibly with fatal results. This disease, which does not attack white people, is local.

There is no sleeping sickness at Elende, but the disease occurs at Katombela, at some points on the Kwanza, also near the mouth of the Congo. There are at Elende cases of elephantiasis due to the activities of a filaria which affects the lymphatic glands. Infantile paralysis occurs.

Leprosy is fairly common; the nervous form is more usual than the nodular. There are instances of yaws, a disease somewhat resembling syphilis inasmuch as the disease is communicated by a spirochaete, but yaws is not communicated by sexual infection. Venereal disease is not common at Elende.

The pulmonary form of tuberculosis occurs, but is not usual at Elende. There are places in the Benguela Highlands where the disease is increasing. Both whooping cough and measles are well known, but there is no scarlet fever or diphtheria. Chickenpox and smallpox are both known to occur, the latter in epidemic form from time to time. There is occasional dysentery, but no typhoid.

Hernia in its inguinal form is common. Umbilical hernia, due to lack of skilled attention at birth, is frequent, but with advancing age this defect is often rectified, or at least greatly modified. There are cases of injury to women at childbirth; for example, vesical-vaginal fistula. Blindness is fairly common as a result of the neglect of inflammation of the conjunctiva. Babies suffer from corneal ulcers, which sometimes result in total blindness. Cataract is fairly common in both its senile and juvenile forms.

3: Hambly E-5 (1929-1930) 1934 FP13 Mbundu FP13

164 [732] Deformities resulting from burns are frequent. Cooking pots are unstably placed on logs which form the fire, and, in addition to this, people sleep very near the fire. There is no cerebro-spinal fever. Pneumonia is very common; the result is often fatal. Weakness of the heart is only occasional. Varicose veins are rare. There is no appendicitis.

One cannot fail to notice the prevalence of tropical ulcers among the Ovimbundu. These occur most frequently on the tibia. The [757] big sloughing ulcer makes a large hole which the native fills with clay and a pulp of leaves. Sometimes a bark is pounded to a pulp and used in this way. These ulcers are very obstinate even under skilled treatment. Often after the wound has been healed it will break out again when irritated by the slightest injury. Medical [732] opinion is divided as to the cause of these ulcers. Jiggers are a cause of deformation of the toes, which sometimes fall off or have to be amputated. Cancer is not usual in people under sixty years of age. Superficial cancer is the most common form.

515 Water, even when procurable, is sparingly used by the Ovimbundu. The hands and face may receive a perfunctory wash each day, but the entire body seldom receives this attention.

757 Cupping was observed on two occasions, but I think the operations were performed by the mothers of the children concerned, and not by a medicine-man. The method of using the horns or gourds is illustrated (Plate LXXXVI, Fig. 1). After incisions had been made the cups were applied. The operator sucked the pointed end of the cup, so creating a vacuum, which was maintained by pushing forward with the tip of the tongue a small ball of wax. This wax filled the hole at the pointed end of the cupping horn. The people shown in the photograph are Vachokue, but the method is the same among the Ovimbundu.

At Elende there was a sweat bath in the form of a hole in the ground containing a heap of stones. The stones are heated in a fire, then cold water is thrown over them so that steam arises to the patient, who crouches above the hole covered with a blanket.

In the Vasele country, also among the Ovimbundu at Elende, I examined corporeal incisions other than tribal marks. The explanation was to the effect that the making of cuts cured pain (Plates XXIV, Fig. 3; LXXVI, Fig. 2).

RAIN-MAKING

791 The rain-maker (*upuli*) is a medicine-man who has specialized in this function. The *upuli*, who was an Ocivokue of Ngongo, and